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FAMILY AND SOCIAL SERVICES

GUIDELINES FOR HANDLING HIV INFECTION AND AIDS IN DAY CARE SERVICES

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in consultation with

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Medical Officers of Health

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GUIDELINES FOR HANDLING HIV INFECTION AND AIDS IN DAY CARE SERVICES

1.0 INTRODUCTION

People who provide day care services face the difficult and complex question of how to handle situations where children or caregivers may have or may be in contact with people who have HIV infection or AIDS.

Human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS) present a new challenge for children's day care services. On one hand, based on the most current medical information available, HIV infection and the end stage disease, AIDS, are spread only in a few specific ways and not by contact with a person through regular day-to-day activities. On the other hand, once a person is infected there is no cure. AIDS is a fatal disease.

While much has been learned about HIV infection and AIDS, some confusion, fear, and even anger may have developed based on partial and misinformation. Until the myths around HIV infection and AIDS are dispelled, it is not possible to prevent the spread of the virus or the prejudice related to those with the virus or disease.

The purpose of the Guidelines is to provide information to assist day care services in preventing the spread of infection and in making decisions about hiring staff and caregivers or enrolling children where HIV or AIDS may be an issue.

The Guidelines were developed at the request of family day home services in Alberta and were reviewed and approved by the Provincial AIDS Program of Alberta Health and by the Society of Alberta Medical Officers of Health.

The document gives background information on the disease and describes recommended policies and procedures based on current accepted medical practices and the provisions of the Individual's Rights Protection Act of Alberta. It is strongly recommended that day care services adopt the guidelines contained in this document.

2.0 UNDERSTANDING HIV INFECTION AND AIDS

2.1 DEFINITION

AIDS stands for acquired immune deficiency syndrome which describes only the most serious forms of infections caused by a virus called the human immunodeficiency virus (HIV).

Every person's body is equipped with a natural ability to fight disease. This is called the immune system. When the body is healthy and the immune system is working properly, a person can be exposed to a variety of everyday infections or diseases and not become ill. People with AIDS have weakened immune systems that make them unable to fight off a number of serious and unusual infections and cancers. HIV can also affect the nervous system, causing changes in brain function and behaviour.

When certain infections and cancers strike a person with AIDS, the person's immune system cannot cope. It is usually these infections and cancers, rather than the virus itself, that are fatal to the person with AIDS.

Once infected with HIV, it is believed a person remains infected for life.

Most people with HIV infection are asymptomatic. These individuals will carry the virus in their bloodstream and show no symptoms for years. Some HIV asymptomatic people may know they are infected; others may not. People who are HIV asymptomatic are carriers of the virus and are capable of passing it on to others if they engage in risky behaviours: unprotected sexual intercourse or injection drug use.

A person can become infected by engaging in these high risk behaviours or by unprotected handling of infected body fluids such as blood or semen or vaginal secretions.

Some people infected with HIV develop mild symptoms; others develop more serious illnesses and need more intensive medical care. These individuals are referred to as HIV symptomatic.

Individuals who go on to develop AIDS, usually do so from five to ten years following infection. However, young children infected with HIV before or shortly after birth often become ill in the first year of life. Most people with AIDS die within three years of the AIDS diagnosis. To date, the disease is always fatal.

AIDS has only been recognized since 1981. The blood test to identify people infected with HIV has only been widely available since 1985. While it is not currently known what proportion of people infected with HIV will eventually go on to develop AIDS, estimates are that at least seventy (70) percent will do so.

2.2 EXTENT OF DISEASE

HIV infection and AIDS are a contemporary problem that affects everyone.

In Canada, AIDS was at one time largely experienced by persons with specific behaviours, namely men who engaged in sexual intercourse with other men, and injection drug users. HIV infection and the disease are now occurring more frequently in the general population regardless of age, gender, geography, and sexual orientation.

The number of people who are HIV infected, as well as the number of people who go on to have AIDS, is expected to continue to rise in the coming years. The first case of AIDS in Alberta was reported in 1983. In 1988, there were 103 reported cases of AIDS in Alberta. Two of these cases were infants. By the end of 1990, there were 303 reported cases of AIDS in the province. There have been no further reported cases of AIDS developing in Alberta children under fifteen years of age. It should be noted that these numbers do not reflect the many people who are HIV infected but do not have AIDS.

Paediatric cases make up only about two percent of the total cases of AIDS reported in Canada. Of the confirmed paediatric cases of AIDS, eighty-five (85) percent are children who contracted the virus from their infected mothers before or during birth. The remainder were infected through transfusion of blood or blood products before the routine testing of all blood was introduced.

For those children who do develop AIDS, the disease progresses much more rapidly than it does in adults. In addition to the physical challenges of the disease, young children tend to have moderate to severe developmental delays.

Clearly, it is unrealistic to pretend that the virus is someone else's concern. HIV infection and AIDS are everyone's concern.

2.3 REPORTING

AIDS is covered under the Communicable Disease Regulation of the Alberta Public Health Act and is considered a reportable disease. That is, on diagnosis of AIDS, a physician is required to report the disease to the local Medical Officer of Health (or designate). The Medical Officer of Health notifies the provincial Director of Communicable Disease Control who is the only person who needs to know of the diagnosis. HIV infection that has not yet progressed to fit the case definition of AIDS, is <u>not</u> reportable in Alberta.

2.4 TRANSMISSION

Extensive studies of families of AIDS patients have found that the disease is not spread through everyday contact typical of the kind and amount that occurs within families. Family members play, eat, bath and sleep together; they hug and kiss each other; they share bathrooms, food, dishes, utensils and clothes. Parents regularly clean up their children's blood, feces, urine, and vomit. In spite of this, AIDS is not being transmitted from parent to child, from child to brother or sister, or from child to parent through normal daily contact.

The virus (HIV) that causes AIDS is transmitted through the blood, semen, vaginal secretions, and in rare instances, through the breast milk of infected persons. HIV infection is transmitted primarily through unprotected sexual contact and injection drug use. Although the virus has also been isolated in very small amounts from the tears and saliva of infected persons, not one person is known to have acquired the virus or disease from either tears or saliva.

- IT IS CRITICAL TO UNDERSTAND THAT HIV INFECTION WHICH LEADS TO AIDS IS NOT SPREAD THROUGH CASUAL CONTACT. IT IS NOT EASILY TRANSMITTED.

- INFECTION CAN ONLY OCCUR IF AN INDIVIDUAL IS EXPOSED TO BLOOD OR OTHER BODY FLUIDS OF INFECTED PERSONS
  AND
  THERE IS SOME ROUTE OF ENTRY FOR THE VIRUS TO BE ABSORBED INTO THE INDIVIDUAL'S BODY.

The virus spreads through:

- sexual contact (vaginal or anal intercourse)
- sharing of contaminated needles or syringes such as in the injection of drugs, including mood-altering drugs and steroids
- transfusion or injection of infected blood or blood products (Since October 1985, all blood donations in Alberta have been tested for HIV antibodies and risk of infection is extremely unlikely.)
- pregnancy or childbirth from an infected mother to child or, in rare instances, through breast feeding.

The possible routes of entry as a result of exposures to HIV are:

- injury from sharp objects: accidental needle pricks or cuts by a sharp object that has been contaminated by the virus.
- mucous membrane splash: contamination of lips, mouth, nose or mucous membrane of the eye by large amounts of blood or other body fluids containing the virus.
- open wound and skin exposure: contamination of broken skin (e.g. incisions, cuts, open sores, dermatitis, chapping) by blood or other body fluids containing the virus.

Again, it is important to understand that HIV infection and AIDS are NOT spread through:

- working with, playing with, or being next to an infected person
- the articles or food handled by an infected person
- non-sexual, everyday contact in day care centres, day homes, nursery schools, drop-in centres, workplaces, schools, restaurants, or other public places
- air, water or food

- handshakes, kissing, hugging
- coughing or sneezing
- drinking fountains, eating utensils
- toilet facilities, swimming pools
- telephones, office equipment
- insects such as mosquitoes.

It is safe to share a kitchen, bathroom, schoolroom, or office with an HIV infected person. As with any other blood-borne infection (such as hepatitis B), it is NOT wise to share toothbrushes, razors, or other sharp items that could carry infected blood through skin or mucous membranes.

2.5 PREVENTING TRANSMISSION

Rather than focusing on who may or may not be infected with HIV or AIDS, the emphasis should be on the use of "universal precautions". It is important to know what the "universal precautions" are and to practice them carefully and consistently with everyone.

The use of "UNIVERSAL PRECAUTIONS" means that blood and certain body fluids should be handled as if they could be infectious. Therefore, blood and other body fluids containing blood, semen or vaginal secretions should be handled in a way that minimizes exposure to infection. (The precautions do <u>not</u> apply to handling saliva, tears, sweat, urine, feces or vomitus unless visibly contaminated with blood.)

The **"UNIVERSAL PRECAUTIONS"** include:

- **handwashing**:
  - hands and any skin surface contaminated with blood or other body fluids should be washed thoroughly as soon as practicable.
  - to wash hands, use plain soap and vigorously rub together all surfaces of lathered hands for at least 10 seconds. Rinse thoroughly under a stream of water. Avoid the use of abrasive soaps and brushes. Hand lotions should be used to prevent drying of the skin.
- **use of protective clothing and equipment**:
  - use disposable latex gloves to handle or clean up blood and body fluids or secretions-excretions. Household "rubber" gloves can be used but require cleaning with bleach solution and repeated rinsing with water before they can be used again.
  - hands should be washed after gloves are removed.
  - use waterproof coverings on any open cuts or sores.
- **clean up of spills of blood and other body fluids**:
  - clean contaminated surfaces with detergent and water. Then disinfect surfaces with a solution of one part household bleach to ten parts water. CAUTION: some surfaces may be damaged by exposure to bleach solution.
  - rinse mops and cleaning rags with one part bleach to ten parts water.
- **laundering of clothing and linen**:
  - clothing and linen soiled with blood or other body fluids, secretions or excretions should be laundered in as hot water as the material will allow. If necessary, soiled articles may be rinsed in cold water prior to laundering in as hot water as the material will allow.
- **disposal of contaminated wastes**:
  - secure in a sealed double plastic bag before discarding with routine garbage. Sharp objects, such as broken glass that may be contaminated with blood, should be discarded in sturdy puncture-proof plastic or metal containers (such as an empty coffee can) with a firmly fitting lid.

3.0 HANDLING HIV INFECTION AND AIDS IN DAY CARE SERVICES

Based on the provisions of the Individual's Rights Protection Act of Alberta,

NO ONE MAY DISCRIMINATE AGAINST A CHILD, FAMILY, CAREGIVER OR PROVIDER OF DAY CARE SERVICES BASED SOLELY ON BEING INFECTED WITH HIV INFECTION OR HAVING AIDS.

It is strongly recommended that day care services adopt the following policies and procedures which are based on the most current medical information available on HIV infection and AIDS.

3.1 HANDLING SITUATIONS

A provider or caregiver with known HIV infection or AIDS:

- It is highly unlikely that an agency, license holder, colleague, or parent would know the HIV status of a caregiver. However, when an agency, license holder, colleague, or parent becomes aware that a caregiver or provider is HIV infected, the information should be handled confidentially to protect the personal privacy of the caregiver and the caregiver's family (See Section 3.2).

- Once a person has AIDS and is ill, it is unlikely the individual would be well enough to provide care. If an agency, license holder, colleague, or parent has any doubt or concern about the ability of the caregiver to care for children without increased health risk to the children or other staff or to the infected caregiver and others, the concerns should be discussed in private with the infected caregiver. If there is still a concern, the community health unit office or Medical Officer of Health (MOH) should be contacted, with the infected caregiver's knowledge, to determine whether or not a further assessment is required.

The MOH can recommend and conduct an assessment, and determine those who need to be involved in the assessment and those who "need to know".

A child with known HIV infection or AIDS:

- It is unlikely that the HIV status of a child would be known by an agency, license holder, caregiver or parent of another child in the day care services. If an agency, license holder, caregiver or parent becomes aware of a child with HIV, the information should be handled confidentially to protect the personal privacy of the child and the child's family. (See Section 3.2)

- Once a child has AIDS, the child is less likely to be enrolled in a day care service because the child would likely be too ill or because of possible risk of infection from other children who have respiratory, diarrheal infections, chicken pox, etc.

- If there were a situation where consideration was being given to enrolling a child with HIV or AIDS in a day care service, it must be certain that the child is physically, emotionally and developmentally able to participate in the regular activities of a day care service without placing others at risk. Conditions which <u>may</u> restrict the child's participation are:

    - care situations that include children with behaviour disorders that involve habitual biting by either the child with HIV or AIDS or another child in care
    - lack of bowel control where feces are obviously contaminated with blood
    - uncovered and oozing skin lesions or cuts.

- Where an agency, license holder, caregiver, or parent has any doubt or concern related to enrolment or continued attendance of an infected child in a particular day care service, the concerns should be discussed in private with the parents of the infected child. Where concerns persist, the community

health unit office or Medical Officer of Health (MOH) should be contacted with the parents' knowledge to determine whether or not a further assessment is required.

The MOH can recommend and conduct an assessment and determine those who need to be involved in the assessment and those who "need to know".

3.2 CONFIDENTIALITY

3.2.1 Where agencies or license holders become aware of a caregiver or child with HIV infection or AIDS, the right to privacy of the infected person should be protected. Information should be kept strictly confidential in the same way that other medical information is, and SHOULD NOT BE entered into any automated information systems.

3.2.2 Information about a child, caregiver or provider with HIV infection or AIDS should only be shared with the permission of the infected child's parents or with the permission of the infected caregiver or provider. They should also agree to what information can be shared and with whom it may be shared. Again, the Medical Officer of Health can assist in determining who needs to know what.

3.3 PREVENTING TRANSMISSION

3.3.1 In order to minimize any possible spread of infection, the "UNIVERSAL PRECAUTIONS" must be practised consistently and carefully in all child care services where exposure to all potentially hazardous body fluids (blood, vaginal fluids or semen) is likely to occur, REGARDLESS OF WHETHER OR NOT IT IS KNOWN THAT A PERSON IS INFECTED.

3.3.2 All other body fluids should be handled using good hygiene practices at all times. Regular handwashing with soap and water is an effective way to prevent the spread of many infectious diseases.

Any questions should be directed to the community health unit office or Medical Officer of Health.

3.4 MONITORING

3.4.1 Agencies and license holders should carefully monitor the health of all caregivers and children. Special attention should be given to those known to have HIV infection or AIDS for any changes in health status, any risk behaviours, or failure to practice good hygiene and to apply the "UNIVERSAL PRECAUTIONS" in their hygiene practices where required.

3.4.2 Agencies and license holders should be aware that there may be increased psychological and/or physical demands on caregivers who care for children with HIV infection or AIDS. Agencies and license holders should be prepared to support the additional needs of the caregiver as required and be prepared to accommodate the increased demands. This may mean, for example, placing fewer children with a caregiver.

Once again, where there is doubt or concern, contact the community health unit office or Medical Officer of Health for information and assistance.

In Conclusion ...

Children and caregivers with HIV infection or AIDS can be accommodated in day care services without increased risk to themselves or others. It requires that people have the correct information and use the appropriate hygiene practices carefully and consistently.

REFERENCES

1. AIDS, What Every Responsible Canadian Should Know.
James D. Grieg, The Toronto Sun Publishing Corporation and The Canadian Public Health Association, 1987.

2. Come Sit By Me.
Margaret Merrifield, M.D., Women's Press, Toronto, Ontario, Alberta Edition - 1991.

3. Does AIDS Hurt: Educating Young Children (Ages 1-12) About AIDS.
Marcia Quackenbush, M.S., and Sylvia Villarreal, M.D., Network Publications, Santa Cruz, California, 1988.

4. Serving Children with HIV Infection in Child Day Care: A Guide for Center-Based and Family Day Care Providers. Child Welfare League of America, 1991.

HIV/AIDS Information Sources in Alberta

AIDS/Sexually Transmitted Diseases Information Line
(province-wide, toll-free)
1-800-772-2437

* ALBERTA HEALTH

Provincial AIDS Program
427-0836 (Edmonton)

Sexually Transmitted Disease Control Education Unit
427-2830 (Edmonton)

Sexually Transmitted Disease Clinics
427-2834 (Edmonton)
743-3232 (Fort McMurray)
297-6562 (Calgary)

Library and Inquiry Services
427-3530 (Edmonton)

HEALTH UNITS

Listed in telephone directories

PUBLIC LIBRARIES

Listed in telephone directories

AUDIOVISUAL RESOURCE PROVIDERS:

Alberta Educational Communications Corporation (ACCESS Network)
1-800-352-8293

* Provincial Film Library
427-4381 (Edmonton)

COMMUNITY AIDS ORGANIZATIONS

AIDS: A Positive Co-ordinated Community Response Society of Jasper
852-5274

AIDS Calgary
228-0155

AIDS Network of Edmonton
429-AIDS

Central Alberta AIDS Network
346-8858 (Red Deer)

Foothills AIDS Awareness Society
938-4911 (High River)

Lethbridge AIDS Connection
328-8186

South Peace AIDS Council
538-3388 (Grande Prairie)

* You can call Government departments toll-free by checking your phone directory under Government of Alberta for the R.I.T.E. number in your area.

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